

RECEIVED  
CENTRAL FAX CENTER

MAY 30 2006

Please type a plus sign (+) inside this box →

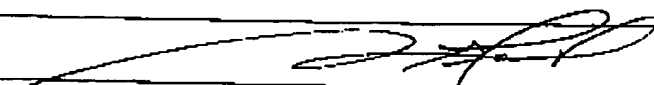



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/762,588
		Filing Date	January 21, 2004
		First Named Inventor	TCHAGA, GRIGORIY S.
		Group Art Unit	1653
		Examiner Name	ROOKE, AGNES BEATA
Total Number of Pages In This Submission	12	Attorney Docket Number	CLON-056US2
<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	USPTO Credit Card Payment Form	
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620		
Signature			
Date	May 30, 2006		

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: May 30, 2006.			
Typed or printed name	Donna Macedo		
Signature		Date	May 30, 2006

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450 Alexandria VA 22313-1450.